

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026942  
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7133

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GLENDALE Mo.
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1019 GLENMORE AVE.
3. NAME OF DECEASED (Type or print) First Middle Last LESTER ELLIOTT FLIGHT			4. DATE OF DEATH Month Day Year JULY 18, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 21 - 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOLIO PIPE CO.		10b. KIND OF BUSINESS OR INDUSTRY DISPATCHER	9. AGE (In years last birthday) 50
11. BIRTHPLACE (City and state or country) CLEVELAND OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RICHARD J. FLIGHT		13b. MOTHER'S MAIDEN NAME BERTHA SIMMELINK	14. NAME OF HUSBAND OR WIFE VERA M. FLIGHT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT VERA M. FLIGHT 1019 GLENMORE AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION  DUE TO (b) CORONARY ARTERY OCCLUSION  DUE TO (c) ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS  3 DAYS  91 YEARS 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JULY 15, 1958 to JULY 18, 1958 and last saw her/him alive on JULY 18, 1958 Death occurred at 10:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. R. Lutton, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-19-58	23c. NAME OF CEMETERY OR CREMATORY OHIO CITY CEMETERY	23d. LOCATION (City, town, or country) (State) CLEVELAND OHIO.
24. FUNERAL DIRECTOR C.R. LUTTON & SONS 7233 DELMAR		25. DATE RECD. BY LOCAL REG. JUL 19 1958	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Clarence L. Murray* .....

Licensed Embalmer No. *1011* .....

P. O. Address *A. Louis M.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.